

State: District of Columbia **First Filing Company:** Colonial Life & Accident Insurance Company, ...
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: 2019 LTC Annual Reporting/

Filing at a Glance

Companies: Colonial Life & Accident Insurance Company
Provident Life and Accident Insurance Company
Unum Life Insurance Company of America
Provident Life and Casualty Insurance Company

Product Name: Long Term Care

State: District of Columbia

TOI: LTC06 Long Term Care - Other

Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

Date Submitted: 02/10/2020

SERFF Tr Num: UNUM-132255884

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 2019 LONG TERM CARE ANNUAL REPORTING

Implementation: On Approval

Date Requested:

Author(s): Deborah Jewett, Jamila McGill, Melinda O'Brien

Reviewer(s): Colin Johnson (primary)

Disposition Date:

Disposition Status:

Implementation Date:

State: District of Columbia **First Filing Company:** Colonial Life & Accident Insurance Company, ...
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: 2019 LTC Annual Reporting/

General Information

Project Name: 2019 LTC Annual Reporting

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 02/12/2020

State Status Changed:

Created By: Melinda O'Brien

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The annual report filings are state specific, so domiciliary approval not required.

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Melinda O'Brien

Filing Description:

LTC Annual Reporting

The following annual reports are attached for the reporting year 2019:

- 1.Lapse/Replacement Report
- 2.Claims Denial Report
- 3.Rescission Report
- 4.Suitability Report

Company and Contact

Filing Contact Information

Melinda O'Brien, Regulatory Analyst
 2211 Congress Street
 Portland, ME 04122

mobrien@unum.com
 207-575-3414 [Phone]

State: District of Columbia **First Filing Company:** Colonial Life & Accident Insurance Company, ...
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
Product Name: Long Term Care
Project Name/Number: 2019 LTC Annual Reporting/

Filing Company Information

Unum Life Insurance Company of
America
2211 Congress Street
Portland, ME 04122
(207) 575-2211 ext. [Phone]

CoCode: 62235
Group Code: 565
Group Name:
FEIN Number: 01-0278678

State of Domicile: Maine
Company Type: L&H
State ID Number:

Colonial Life & Accident Insurance
Company
1200 Colonial Life Boulevard
Post Office Box 1365
Columbia, SC 29202
(803) 798-7000 ext. [Phone]

CoCode: 62049
Group Code: 565
Group Name:
FEIN Number: 57-0144607

State of Domicile: South
Carolina
Company Type:
State ID Number:

Provident Life and Accident
Insurance Company
1 Fountain Square
Chattanooga, TN 37402
(800) 451-8475 ext. [Phone]

CoCode: 68195
Group Code: 565
Group Name:
FEIN Number: 62-0331200

State of Domicile: Tennessee
Company Type:
State ID Number:

Provident Life and Casualty
Insurance Company
One Fountain Square
Chattanooga, TN 37402
(423) 294-3241 ext. [Phone]

CoCode: 68209
Group Code: 565
Group Name:
FEIN Number: 62-0506281

State of Domicile: Tennessee
Company Type:
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	First Filing Company:	Colonial Life & Accident Insurance Company, ...
TOI/Sub-TOI:	LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other		
Product Name:	Long Term Care		
Project Name/Number:	2019 LTC Annual Reporting/		

Supporting Document Schedules

Satisfied - Item:	LTC Annual Reports for Provident Life and Accident Insurance Company
Comments:	
Attachment(s):	PLA-DC.pdf Denials PLA DC.pdf Resc PLA DC.pdf Suit PLA DC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	LTC annual Reports for Unum Life Insurance Company of America
Comments:	
Attachment(s):	UA-DC.pdf Denials UA DC.pdf LapRep UA DC.pdf Resc UA DC.pdf Suit UA DC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	LTC annual Reports for Colonial Life & Accident Insurance Company
Comments:	In accordance with your long-term care rescission reporting requirements, we do not have any rescissions to report for the reporting year 2019. We currently market a long-term care rider which is attached to a universal life insurance policy.
Attachment(s):	CLA-DC.pdf DC-CLA Denial.pdf DC-CLA LapRep.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Provident Life and Casualty
Comments:	
Attachment(s):	PLC-DC.pdf Denials PLC DC.pdf Resc PLC DC.pdf Suit PLC DC.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	UNUM-132255884	State Tracking #:	Company Tracking #:	2019 LONG TERM CARE ANNUAL REPORTING
<hr/>				
State:	District of Columbia	First Filing Company:	Colonial Life & Accident Insurance Company, ...	
TOI/Sub-TOI:	LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other			
Product Name:	Long Term Care			
Project Name/Number:	2019 LTC Annual Reporting/			



February 10, 2020

COMMISSIONER OF INSURANCE
DC DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
810 FIRST STREET NE SUITE 701
WASHINGTON DC 20002

Re: Provident Life and Accident Insurance Company
NAIC # 565-68195
FEIN # 62-0331200
Annual Long Term Care Reporting

Dear Commissioner:

The following annual reports are attached:

1. Lapse/Replacement Report
2. Claims Denial Report
3. Rescission Report
4. Suitability Report

If anything further is needed to complete this submission, please do not hesitate to contact me at 800-635-5597 x57568, custrel@unum.com, or fax (423)386-2056.

Sincerely,

A handwritten signature in black ink that reads "Deborah Jewett". The signature is written in a cursive, flowing style.

Deborah Jewett
Manager, Customer Relations
Regulatory Affairs
Unum US Law Department

Group

APPENDIX E

Claims Denial Reporting Form Long-Term Care Insurance

For the State of: District Of Columbia

For the Reporting Year of: 2019

Company Name: Provident Life and Accident Insurance Company

Due: June 20 annually

Company Address: One Fountain Square
Chattanooga, Tennessee 37402

Company NIAC Number: #68195

Contact Person: Deborah Jewett

Phone Number: 207-575-7568

Line of Business: Group

Instructions:

The purpose of this form is to report long term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☒ Per Claimant – counts each individual who makes one or a series of claim requests.

☐ Per Transaction – counts each claim payment request.

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

	State Data	Nationwide Data [FN1]
Total Number of Inforce Policies [Certificates] as of December 31st	4	1424

Claims & Denial Data

		State Data	Nationwide Data [FN1]
1	Total Number of Long-Term Care Claims Reported	0	45
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	9
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	4
5	Net Number of Long-Term Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	5
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	0%	11.11%
7	Number of Long-Term Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy [FN2]	0	4
9	Provider/Facility Not Qualified under the Policy [FN3]	0	0
10	Benefit Eligibility Criteria Not Met [FN4]	0	1
11	Other	0	0

FN1: The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

FN2: Example—home health care claim filed under a nursing home only policy.

FN3: Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

FN4: Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

APPENDIX E**Claims Denial Reporting Form Long-Term Care Insurance**

For the State of: District Of Columbia

For the Reporting Year of: 2019

Company Name: Provident Life and Accident Insurance Company

Due: June 20 annually

Company Address: One Fountain Square
Chattanooga, Tennessee 37402

Company NIAC Number: #68195

Contact Person: Deborah Jewett

Phone Number: 207-575-7568

Line of Business: Individual

Instructions:

The purpose of this form is to report long term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☒ Per Claimant – counts each individual who makes one or a series of claim requests.

☐ Per Transaction – counts each claim payment request.

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

	State Data	Nationwide Data [FN1]
Total Number of Inforce Policies [Certificates] as of December 31st	154	19414

Claims & Denial Data

		State Data	Nationwide Data [FN1]
1	Total Number of Long-Term Care Claims Reported	2	134
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	24
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	15
5	Net Number of Long-Term Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	9
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	0%	6.72%
7	Number of Long-Term Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy [FN2]	0	4
9	Provider/Facility Not Qualified under the Policy [FN3]	0	0
10	Benefit Eligibility Criteria Not Met [FN4]	0	4
11	Other	0	1

FN1: The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

FN2: Example—home health care claim filed under a nursing home only policy.

FN3: Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

FN4: Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

**Rescission Reporting for Long Term Care Policies
For the State of District Of Columbia
For the Reporting Year of 2019**

Due: March 1st Annually

Company Name: Provident Life and Accident Insurance Company
Company Address: One Fountain Square
Chattanooga, Tennessee 37402

Contact: Deborah Jewett
Phone Number: 207-575-7568
Date: 1/20/2019

Instructions:

The purpose of this form is to report all rescissions of long term care policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and certificate #	Name of Insured	Date of Policy Issuance	Date(s) Claim(s) Submitted	Date of Rescission

Detailed rescission:

No Rescissions for 2019

**Annual Report of Suitability of Long Term Care Insurance
For the State of District Of Columbia
For the Reporting Year of 2019**

Company Name: Provident Life and Accident Insurance Company
NAIC #68195 FEIN #62-0331200

Company Address: One Fountain Square
Chattanooga, Tennessee 37402

Name: Deborah Jewett
Phone Number: (207) 575-7568

1.	Total Number of Applications Received From Residents of District Of Columbia	NONE
2.	Number of Applicants Who Declined To Provide information On The Personal Worksheet	
3.	Number Of Applicants Who Did Not Meet The Suitability Standards	
4.	Number Of Those Who Chose To Confirm After Receiving A Suitability Letter	



February 10, 2020

COMMISSIONER OF INSURANCE
DC DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
810 FIRST STREET NE SUITE 701
WASHINGTON DC 20002

Re: Unum Life Insurance Company of America
NAIC # 565-62235
FEIN # 01-0278678
Annual Long Term Care Reporting

Dear Commissioner:

The following annual reports are attached:

1. Lapse/Replacement Report
2. Claims Denial Report
3. Rescission Report
4. Suitability Report

If anything further is needed to complete this submission, please do not hesitate to contact me at 800-635-5597 x57568, custrel@unum.com, or fax (423)386-2056.

Sincerely,

A handwritten signature in cursive script that reads "Deborah Jewett".

Deborah Jewett
Manager, Customer Relations
Regulatory Affairs
Unum US Law Department

Group

APPENDIX E

Claims Denial Reporting Form Long-Term Care Insurance

For the State of: District Of Columbia

For the Reporting Year of: 2019

Company Name: UNUM Life Insurance Company of America

Due: June 20 annually

Company Address: 2211 Congress Street
Portland, Maine 04122

Company NIAC Number: #056-62235

Contact Person: Deborah Jewett
Line of Business: Group

Phone Number: 207-575-7568

Instructions:

The purpose of this form is to report long term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

- ☒ Per Claimant – counts each individual who makes one or a series of claim requests.
☐ Per Transaction – counts each claim payment request.

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

	State Data	Nationwide Data [FN1]
Total Number of Inforce Policies [Certificates] as of December 31st	16763	805083

Claims & Denial Data

		State Data	Nationwide Data [FN1]
1	Total Number of Long-Term Care Claims Reported	25	1590
2	Total Number of Long-Term Care Claims Denied/Not Paid	2	250
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	110
5	Net Number of Long-Term Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	2	140
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	8%	8.81%
7	Number of Long-Term Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy [FN2]	0	29
9	Provider/Facility Not Qualified under the Policy [FN3]	0	0
10	Benefit Eligibility Criteria Not Met [FN4]	2	106
11	Other	0	5

FN1: The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

FN2: Example—home health care claim filed under a nursing home only policy.

FN3: Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

FN4: Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

APPENDIX E**Claims Denial Reporting Form Long-Term Care Insurance**

For the State of: District Of Columbia

For the Reporting Year of: 2019

Company Name: UNUM Life Insurance Company of America

Due: June 20 annually

Company Address: 2211 Congress Street
Portland, Maine 04122

Company NIAC Number: #056-62235

Contact Person: Deborah Jewett

Phone Number: 207-575-7568

Line of Business: Individual

Instructions:

The purpose of this form is to report long term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☒ Per Claimant – counts each individual who makes one or a series of claim requests.

☐ Per Transaction – counts each claim payment request.

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

	State Data	Nationwide Data [FN1]
Total Number of Inforce Policies [Certificates] as of December 31st	501	100390

Claims & Denial Data

		State Data	Nationwide Data [FN1]
1	Total Number of Long-Term Care Claims Reported	7	2233
2	Total Number of Long-Term Care Claims Denied/Not Paid	1	251
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	119
5	Net Number of Long-Term Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	1	132
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	14.29%	5.91%
7	Number of Long-Term Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy [FN2]	0	27
9	Provider/Facility Not Qualified under the Policy [FN3]	0	0
10	Benefit Eligibility Criteria Not Met [FN4]	1	105
11	Other	0	0

FN1: The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

FN2: Example—home health care claim filed under a nursing home only policy.

FN3: Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

FN4: Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

**2019 REPORT ON LAPSES AND REPLACEMENTS
OF LONG TERM CARE INSURANCE POLICIES
FOR THE STATE OF District Of Columbia**

Company Name: UNUM Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122
#056-62235

Contact Person: Deborah Jewett
Date: 2/20/2020

Instructions

The purpose of this form is to report on a statewide basis informations regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacement

Agents Name	Number of Replacements		
	Policies Sold by This Agent	Policies Replaced by This Agent	% of Number Sold by Agent

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agents Name	Number of Lapses		
	Policies Sold by This Agent	Policies Lapsed by This Agent	% of Number Sold by Agent

Company Totals

No. of replacement policies sold as a percent of total annual sales:	None
No. of replacement policies sold as a percent of the total no. of policies at the end of the preceding calendar year:	None
No. of lapsed policies as a percent of total annual sales:	None
No of lapsed policies as a percent of total no. of policies in force at the end of the preceding calendar year:	None

**Rescission Reporting for Long Term Care Policies
For the State of District Of Columbia
For the Reporting Year of 2019**

Due: March 1st Annually

Company Name: UNUM Life Insurance Company of America
Company Address: 2211 Congress Street
Portland, Maine 04122

Contact: Deborah Jewett
Phone Number: 207-575-7568
Date: 1/20/2019

Instructions:

The purpose of this form is to report all rescissions of long term care policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and certificate #	Name of Insured	Date of Policy Issuance	Date(s) Claim(s) Submitted	Date of Rescission

Detailed rescission:

No Rescissions for 2019

**Annual Report of Suitability of Long Term Care Insurance
For the State of District Of Columbia
For the Reporting Year of 2019**

Company Name: UNUM Life Insurance Company of America
NAIC #056-62235 FEIN #01-0278676

Company Address: 2211 Congress Street
Portland, Maine 04122

Name: Deborah Jewett
Phone Number: (207) 575-7568

1.	Total Number of Applications Received From Residents of District Of Columbia	7
2.	Number of Applicants Who Declined To Provide information On The Personal Worksheet	0
3.	Number Of Applicants Who Did Not Meet The Suitability Standards	0
4.	Number Of Those Who Chose To Confirm After Receiving A Suitability Letter	0



**Colonial Life & Accident
Insurance Company**
1200 Colonial Life Boulevard
Columbia, SC 29210
803.798.7000
ColonialLife.com

February 10, 2020

COMMISSIONER OF INSURANCE
DC DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
810 FIRST STREET NE SUITE 701
WASHINGTON DC 20002

Re: Colonial Life & Accident Insurance Company
NAIC # 565-62049
FEIN # 57-0144607
Annual Long Term Care Reporting

Dear Commissioner:

The following annual reports are attached:

1. Lapse/Replacement Report
2. Claims Denial Report

If anything further is needed to complete this submission, please do not hesitate to contact me at 800-635-5597 x57568, custrel@unum.com, or fax (423)386-2056.

Sincerely,

A handwritten signature in black ink that reads "Deborah Jewett". The signature is written in a cursive, flowing style.

Deborah Jewett
Manager, Customer Relations
Regulatory Affairs
Unum US Law Department

Claims Denial Reporting Form
Long-Term Care Insurance

For the District of Columbia
For the Reporting Year of 2019

Due: June 30 annually

Company Name: Colonial Life & Accident Insurance Company

Address: 1200 Colonial Life Boulevard, Columbia, SC 29210

Company NAIC Number : 62049

Contact Person : Deborah Jewett Phone Number: 800-845-7330, ext 57568

Line of Business: Individual

Instructions:

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☒ Per Claimant - counts each individual who makes one or a series of claim requests.

☐ Per Transaction - counts each claim payment request.

"Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Claims Denial Reporting Form
Long-Term Care Insurance
(Continued)

Inforce Data

	State Data	Nationwide Data (1)
Total Number of Inforce Policies as of December 31st	16	12,505

Claim & Denial Data

	State Data	Nationwide Data (1)
1. Total Number of Long-Term Care Claims Reported	0	0
2. Total Number of Long-Term Care Claims Denied/Not Paid	0	0
3. Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4. Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5. Net Number of Long-Term Care Claims Denied for Reporting Purposes	0	0
6. Percentage of Long-Term Care Claims Denied of Those Reported	0.00%	0.00%
7. Number of Long-Term Care Claims Denied due to :		
8. Long-Term Care Services Not Covered under the Policy (2)	0	0
9. Provider/Facility Not Qualified under the Policy (3)	0	0
10. Benefit Eligibility Criteria Not Met (4)	0	0
11. Other	0	0

(1) The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

(2) Example - home health care claim filed under a nursing home only policy.

(3) Example - a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

(4) Examples - a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

Long-Term Care Insurance
Replacement and Lapse Reporting Form

For the District of Columbia
For the Reporting Year of 2019

Due: June 30 annually

Company Name: Colonial Life & Accident Insurance Company
Address: 1200 Colonial Life Boulevard, Columbia, SC 29210
Company NAIC Number : 62049
Contact Person : Deborah Jewett Phone Number: 800-845-7330, ext 57568

The purpose of this form is to report on a District of Columbia-wide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percents of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements: Attached

Listing of the 10% of Agents with the Greatest Percentage of Lapses: Attached

Company Totals

Company Totals
Percentage of Replacement Policies Sold to Total Annual Sales 0%
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0%
Percentage of Lapsed Policies Sold to Total Annual Sales 48%
Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 11%

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Agent	Number of Replacements as % of Number Sold By This Agent
--------------	---------------------------------------	---	--

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses as % of Number Sold By This Agent
LASKO, JEFFREY LEE	1	1	100%
MCKENZIE JR, ERNESTO	1	1	100%



February 10, 2020

COMMISSIONER OF INSURANCE
DC DEPARTMENT OF INSURANCE, SECURITIES AND BANKING
810 FIRST STREET NE SUITE 701
WASHINGTON DC 20002

Re: Provident Life and Casualty Insurance Company
NAIC # 565-68209
FEIN # 62-0506281
Annual Long Term Care Reporting

Dear Commissioner:

The following annual reports are attached:

1. Claims Denial Report
2. Rescission Report
3. Suitability Report

If anything further is needed to complete this submission, please do not hesitate to contact me at 800-635-5597 x57568, custrel@unum.com, or fax (423)386-2056.

Sincerely,

A handwritten signature in black ink that reads "Deborah Jewett". The signature is written in a cursive, flowing style.

Deborah Jewett
Manager, Customer Relations
Regulatory Affairs
Unum US Law Department

Group

APPENDIX E

Claims Denial Reporting Form Long-Term Care Insurance

For the State of: District Of Columbia

For the Reporting Year of: 2019

Company Name: Provident Life and Casualty Insurance Company

Due: June 20 annually

Company Address: One Fountain Square
Chattanooga, Tennessee 37402

Company NIAC Number: #68209

Contact Person: Deborah Jewett

Phone Number: 207-575-7568

Line of Business: Group

Instructions:

The purpose of this form is to report long term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☒ Per Claimant – counts each individual who makes one or a series of claim requests.

☐ Per Transaction – counts each claim payment request.

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

	State Data	Nationwide Data [FN1]
Total Number of Inforce Policies [Certificates] as of December 31st	3	146

Claims & Denial Data

		State Data	Nationwide Data [FN1]
1	Total Number of Long-Term Care Claims Reported	0	4
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	0
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5	Net Number of Long-Term Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	0
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	0%	0%
7	Number of Long-Term Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy [FN2]	0	0
9	Provider/Facility Not Qualified under the Policy [FN3]	0	0
10	Benefit Eligibility Criteria Not Met [FN4]	0	0
11	Other	0	0

FN1: The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

FN2: Example—home health care claim filed under a nursing home only policy.

FN3: Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

FN4: Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

APPENDIX E**Claims Denial Reporting Form Long-Term Care Insurance**

For the State of: District Of Columbia

For the Reporting Year of: 2019

Company Name: Provident Life and Casualty Insurance Company

Due: June 20 annually

Company Address: One Fountain Square
Chattanooga, Tennessee 37402

Company NIAC Number: #68209

Contact Person: Deborah Jewett

Phone Number: 207-575-7568

Line of Business: Individual

Instructions:

The purpose of this form is to report long term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☒ Per Claimant – counts each individual who makes one or a series of claim requests.

☐ Per Transaction – counts each claim payment request.

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data

	State Data	Nationwide Data [FN1]
Total Number of Inforce Policies [Certificates] as of December 31st	0	0

Claims & Denial Data

		State Data	Nationwide Data [FN1]
1	Total Number of Long-Term Care Claims Reported	0	0
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	0
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5	Net Number of Long-Term Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	0
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided by Line 1)	0%	0%
7	Number of Long-Term Claims Denied due to:		
8	Long-Term Care Services Not Covered under the Policy [FN2]	0	0
9	Provider/Facility Not Qualified under the Policy [FN3]	0	0
10	Benefit Eligibility Criteria Not Met [FN4]	0	0
11	Other	0	0

FN1: The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

FN2: Example—home health care claim filed under a nursing home only policy.

FN3: Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.

FN4: Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.

**Rescission Reporting for Long Term Care Policies
For the State of District Of Columbia
For the Reporting Year of 2019**

Due: March 1st Annually

Company Name: Provident Life and Casualty Insurance Company

Company Address: One Fountain Square
Chattanooga, Tennessee 37402

Contact: Deborah Jewett

Phone Number: 207-575-7568

Date: 1/20/2019

Instructions:

The purpose of this form is to report all rescissions of long term care policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and certificate #	Name of Insured	Date of Policy Issuance	Date(s) Claim(s) Submitted	Date of Rescission

Detailed rescission:

No Rescissions for 2019

**Annual Report of Suitability of Long Term Care Insurance
For the State of District Of Columbia
For the Reporting Year of 2019**

Company Name: Provident Life and Casualty Insurance Company
NAIC #68209 FEIN #62-0506281

Company Address: One Fountain Square
Chattanooga, Tennessee 37402

Name: Deborah Jewett
Phone Number: (207) 575-7568

1.	Total Number of Applications Received From Residents of District Of Columbia	NONE
2.	Number of Applicants Who Declined To Provide information On The Personal Worksheet	
3.	Number Of Applicants Who Did Not Meet The Suitability Standards	
4.	Number Of Those Who Chose To Confirm After Receiving A Suitability Letter	